**FREE REGISTRATION**

**INSCRIPTION GRATUITE**

 ***Please send this form to the Organizing Secretariat by email:******einat@cme-congresses.com****A confirmation email will be sent back*

|  |
| --- |
| **Registration Number (for office use only):** |
| **Title (Mr./ Ms./ Dr./ Prof./ other):**  |
| **First Name:**  |
| **Family Name:**  |
| **RPPS or “conseil de l’ordre” number (only for doctors):**  |
| **Institution:**  |
| **Department:**  |
| **Country:** |
| **Address:**  |
| **Zip code:**  | **City:** |
| **Tel:**  | **Fax:** | **Mobile:** |
| **Email (block letters please):**  |

***N.B. ALL DATA is MANDATORY.***

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration, meals and coffee breaks are provided free of charge